BIOPSYCHOSOCIAL ASSESSMENT

Demographics

Client Name:	**Date:**
Current Address: Street City, State Zip Code	**Phone #: ( ) -**
Date of Birth:	**Marital/Relationship Status:**
Nation/Tribe/Ethnicity:	
Primary language of client:	**Secondary:**
Referral Source:	**Phone:**
Emergency Contact:	**Phone:**

Critical Population (choose all that apply)

Funding Source	Residential	Legal Involvement
☐Food Stamp Recipient	☐Homeless	☐Protective Services (APS/CPS)
☐TANF Recipient	☐Shelter Resident	☐Court Ordered Services
☐SSI Recipient	☐Long Term Care Eligibility	☐On Probation
☐SSDI Recipient	☐Long Term Care Resident	☐On Parole
☐SSA (retirement) Recipient		☐On Pre-Release
☐Other Retirement Income	**Disability**	☐Mandatory Monitoring
☐Medicaid Recipient	☐Physical Disability	
☐Medicare Recipient	☐Severely Mentally Ill	**Other**
☐General Assistance	☐SED	☐Currently pregnant
	☐Developmentally Disabled	☐Woman w/dependents
	☐Chronically Mentally Ill	
	☐Regional Behavioral Health Authority	

Contact Information
(Secure consents for agency contacts, when possible)

Name of Caseworker	Agency	Phone number

Vocational/Employment Screening

Employment: Currently Employed?			
☐**Yes**	**Employer**		**Length of Employment**
☐Satisfied	☐Dissatisfied	☐Supervisor Conflict	☐Co-worker Conflict
☐**No**	**Last Employer:**		**Reason for Leaving:**
☐**Never Employed**	☐**Disabled**	☐**Student**	☐**Unstable Work History**
☐ **Sheltered Employment**		☐ **Receiving Vocational Services**	
Comments:			

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Family Relationships

Does the client have any children?

Name	Age	Date of Birth	Sex	Custody? Y/N	Lives With?	Additional Information

Who else lives with the client? (Include spouses, partners, siblings, parents, other relatives, friends)

Name	Age	Sex	Relationship	Additional Information

Primary language of household/family: **Secondary:**

Client's/Family's Presentation of the Problem:
Client's/Family's Expected Outcome:

Physical	**Yes**	**No**
Client states that he/she has an exercise program. ***Optional - Physical Fitness***		
Client reports appropriate interventions taken when experiencing illness or injury.		
Client engages in preventive medicine activities such as breast or testes self-examination.		
Client receives an adequate amount of sleep. ***If No, explain below in Comments section***		
Client avoids the use of tobacco products or exposure to second-hand smoke. ***If NO, complete Behavioral Assessment***		
Client consumes no more than two alcoholic drinks per day. ***If NO, complete Behavioral Assessment***		
Allergies (Medication and Other):		
Additional Information:		

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Nutrition

Nutritional Status: Current Weight Current Height BMI	
Appetite: ☐ Good ☐ Fair ☐ Poor, please explain below	
☐ Recently gained/lost significant weight	☐ Binges/overeats to excess
☐ Restricts food/Vomits/over-exercises to avoid weight gain	☐ Special dietary needs
☐ Hiding/hording food	☐ Food allergies
Comments	

Pain Questionnaire

Pain Management: Is the client in pain now? ☐ Yes ☐ No
If yes, ask client to rate the pain on a scale of 1-10 (with 10 being the severest) and enter score here

Is the client receiving care for the pain? ☐ Yes ☐ No
If no, would the client like a referral for pain management? ☐ Yes ☐ No

Family History

Family History of (select all that apply):						
	Mother	**Father**	**Siblings**	**Aunt**	**Uncle**	**Grandparents**
Alcohol/Substance Abuse	☐	☐	☐	☐	☐	☐
History of Completed Suicide	☐	☐	☐	☐	☐	☐
History of Mental Illness/Problems such as:	☐	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐	☐	☐
Bipolar Disorder	☐	☐	☐	☐	☐	☐
Alzheimer's	☐	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐	☐
Attention Deficit/Hyperactivity	☐	☐	☐	☐	☐	☐
Learning Disorders	☐	☐	☐	☐	☐	☐
School Behavior Problems	☐	☐	☐	☐	☐	☐
Incarceration	☐	☐	☐	☐	☐	☐
Other_____	☐	☐	☐	☐	☐	☐
Comments:						

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Social	Yes	No
Client reports satisfaction with his/her family relationships.	☐	☐
Client reports satisfaction with his/her social relationships and activities.	☐	☐
Client reports satisfaction with the entertainment/recreational activities he/she selects.	☐	☐
Client expresses an interest in his community and the world, in general.	☐	☐
Client has a history of or current legal involvement. ***If Yes), complete Legal Status Screening.***	☐	☐
Comments:		

Functional Assessment

Is client able to care for him/herself? ☐ Yes ☐ No If No, please explain:			
Living Situation:			
☐Housing Adequate	☐Housing Dangerous	☐Housing Overcrowded	☐Homeless
☐Dependent Upon Others	☐Incarcerated	☐Ward of State/Tribal Court	
Additional Information:			
Uses or Needs assistive or adaptive devices (select all that apply):			
☐None	☐Glasses	☐Walker	☐Braille
☐Hearing Aids	☐Cane	☐Crutches	☐Wheelchair
☐Translated Written Information	☐Translator for Speaking	☐Other:	
Does the client have a history of falls? ☐ Yes ☐ No Explain:			

Legal Status Screening

Past or current legal problems (select all that apply)?		
☐None	☐Gangs	☐DUI/DWI
☐Arrests	☐Conviction	☐Detention
☐Jail	☐Probation	☐Other:
If yes to any of the above, please explain:		
Any court-ordered treatment? ☐ Yes (explain below) ☐ No		
Ordered by	**Offense**	**Length of Time**

Educational Status Screening

Educational Level (select one): ☐ less than 12 years – enter grade completed		☐ Some college or tech school
☐ Unknown	☐ High School Grad/GED	☐ College Graduate
If still attending, current School/Grade:		
Vocational School/Skill Area:		
College/Graduate School – Years Completed/Major:		

Leisure & Recreation

Which of the following does the client do? (Select all that apply)	
☐ Spend Time with Friends	☐ Sports/Exercise
☐ Classes	☐ Dancing
☐ Time with Family	☐ Hobbies
☐ Work Part-Time	☐ Watch Movies/TV
☐ Go "Downtown"	☐ Stay at Home
☐ Listen to Music	☐ Spend Time at Clubs/Bars
☐ Go to Casinos	☐ Other:
What limits the client's leisure/recreational activities?	

Family Social History

Describe family relationships & desire for involvement in the treatment process:

Perceived level of support for treatment? (scale 1-5 with 5 being the most supportive)

Psychological	**Yes**	**No**
Client accepts responsibility for creating his/her own feelings.	☐	☐
Client accepts responsibility for his/her own actions.	☐	☐
Client makes decisions with a minimum of stress and worry.	☐	☐
Client is able to express feelings of anger, disappointment, frustration, etc.	☐	☐
Client reports a stable emotional life.	☐	☐
Client feels enthusiastic about his/her life.	☐	☐
Client reports adequate energy level.	☐	☐
Client reports sleep is restful & adequate.	☐	☐
Client reports he/she feels positive about self.	☐	☐
Comments:		

Bereavement/Loss & Spiritual Awareness

Please list significant losses, deaths, abandonments, traumatic incidents:

Spiritual/Cultural Awareness & Practice

Knowledgeable about traditions, spirituality, or religion? ☐ Yes ☐ No
Comment:

Practices traditions, spirituality, or religion? ☐ Yes ☐ No
Comment:

How does client describe his/her spirituality?

Does client see a traditional healer? ☐ Yes ☐ No
Comment:

Behavioral Assessment

Abuse/Addiction – Chemical & Behavioral

Drug	Age First Used	Age Heaviest Use	Recent Pattern of Use (frequency & Amount, etc)	Date Last Used
Alcohol				
Cannabis				
Cocaine				
Stimulants (crystal, speed, amphetamines, etc)				
Methamphetamine				
Inhalants (gas, paint, glue, etc)				
Hallucinogens (LSD, PCP, mushrooms, etc)				
Opioids (heroin, narcotics, methadone, etc)				
Sedative/Hypnotics (Valium, Phenobarb, etc)				
Designer Drugs/Other (herbal, Steroids, cough syrup, etc)				
Tobacco (smoke, chew)				
Caffeine				

Ever injected Drugs? ☐ Yes ☐ No **If Yes, Which ones?**

Drug of Choice?

Consequences as a Result of Drug/Alcohol Use (select all that apply)

☐ Hangovers	☐ DTs/Shakes	☐ Blackouts	☐ Binges
☐ Overdoses	☐ Increased Tolerance (need more to get high)	☐ GI Bleeding	☐ Liver Disease
☐ Sleep Problems	☐ Seizures	☐ Relationship Problems	☐ Left School
☐ Lost Job	☐ DUIs	☐ Assaults	☐ Arrests
☐ Incarcerations	☐ Homicide	☐ Other:	

Longest Period of Sobriety? **How long ago?**

Triggers to use (list all that apply):

Has client traded sex for drugs? ☐ No ☐ Yes, explain:

Has client been tested for HIV? ☐ Yes ☐ No

If yes, date of last test: **Results:**

Has client had any of the following problem gambling behaviors? Select all that apply:

☐ Gambled longer than planned	☐ Gambled until last dollar was gone
☐ Lost sleep thinking of gambling	☐ Used income or savings to gamble while letting bills go unpaid
☐ Borrowed money to gamble	☐ Made repeated, unsuccessful attempts to stop gambling
☐ Been remorseful after gambling	☐ Broken the law or considered breaking the law to finance gambling
☐ Other:	☐ Gambled to get money to meet financial obligations

Risk Taking/Impulsive Behavior (current/past) – select all that apply:

☐ Unprotected sex	☐ Shoplifting	☐ Reckless driving
☐ Gang Involvement	☐ Drug Dealing	☐ Carrying/using weapon
☐ Other:		

Abuse/Neglect/Exploitation Assessment

History of neglect (emotional, nutritional, medical, educational) or exploitation? ☐ No ☐ Yes
If yes, please explain:

Has client been abused at any time in the past or present by family, significant others, or anyone else?) ☐ No ☐ Yes, explain:

Type of Abuse	By Whom	Client's Age(s)	Currently Occurring? Y/N
Verbal Putdowns			
Being threatened			
Made to feel afraid			
Pushed			
Shoved			
Slapped			
Kicked			
Strangled			
Hit			
Forced or coerced into sexual activity			
Other			
Was it reported? ☐ Yes ☐ No	**To whom?**		

Outcome

Has client ever witnessed abuse or family violence? ☐ No ☐ Yes, explain:

Strengths/Weaknesses	Yes	No
Client is able to seek out appropriate resources for assistance with identified problems.	☐	☐
Client is able to identify both his/her strengths and weaknesses.	☐	☐

Comments:

Strengths/Resources (enter score if present) **1 = Adequate, 2 = Above Average, 3 = Exceptional**

Family Support	Social Support Systems	Relationship Stability
Intellectual/Cognitive Skills	Coping Skills & Resiliency	Parenting Skills
Socio-Economic Stability	Communication Skills	Insight & Sensitivity
Maturity & Judgment Skills	Motivation for Help	Other:

Comments:

Describe appropriateness & level of need for the family's participation:

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Mental Status Exam

Category	Selections			
GENERAL OBSERVATIONS				
Appearance	☐ Well groomed	☐ Unkempt	☐ Disheveled	☐ Malodorous
Build	☐ Average	☐ Thin	☐ Overweight	☐ Obese
Demeanor	☐ Cooperative	☐ Hostile	☐ Guarded	☐ Withdrawn
	☐ Preoccupied	☐ Demanding	☐ Seductive	
Eye Contact	☐ Average	☐ Decreased	☐ Increased	
Activity	☐ Average	☐ Decreased	☐ Increased	
Speech	☐ Clear	☐ Slurred	☐ Rapid	☐ Slow
	☐ Pressured	☐ Soft	☐ Loud	☐ Monotone
	Describe:			
THOUGHT CONTENT				
Delusions	☐ None Reported	☐ Grandiose	☐ Persecutory	☐ Somatic
	☐ Bizarre	☐ Nihilist	☐ Religious	
	Describe:			
Other	☐ None Reported	☐ Poverty of Content	☐ Obsessions	☐ Compulsions
	☐ Phobias	☐ Guilt	☐ Anhedonia	☐ Thought Insertion
	☐ Ideas of Reference		☐ Thought Broadcasting	
	Describe:			
Self Abuse	☐ None Reported		☐ Self Mutilization	
	☐ Suicidal (assess lethality if present)		☐ Intent	☐ Plan
Aggressive	☐ None Reported	☐ Aggressive (assess lethality of present)		
	☐ Intent		☐ Plan	
PERCEPTION				
Hallucinations	☐ None Reported	☐ Auditory	☐ Visual	
	☐ Olfactory	☐ Gustatory	☐ Tactile	
	Describe:			
Other	☐ None Reported	☐ Illusions	☐ Depersonalization	☐ Derealization
THOUGHT PROCESS				
☐ Logical	☐ Goal Oriented	☐ Circumstantial	☐ Tangential	
☐ Loose	☐ Rapid Thoughts	☐ Incoherent	☐ Concrete	
☐ Blocked	☐ Flight of Ideas	☐ Perserverative	☐ Derailment	
Describe:				
MOOD				
☐ Euthymic	☐ Depressed	☐ Anxious		
☐ Angry	☐ Euphoric	☐ Irritable		
AFFECT				
☐ Flat	☐ Inappropriate	☐ Labile	☐ Blunted	
☐ Congruent with Mood	☐ Full	☐ Constricted		
BEHAVIOR				
☐ No behavior issues	☐ Assaultive	☐ Resistant		
☐ Aggressive	☐ Agitated	☐ Hyperactive		
☐ Restless	☐ Sleepy	☐ Intrusive		
MOVEMENT				
☐ Akasthisia	☐ Dystonia	☐ Tardive Dyskinesia	☐ Tics	
Describe:				
COGNITION				
Impairment of:	☐ None Reported	☐ Orientation	☐ Memory	
	☐ Attention/Concentration	☐ Ability to Abstract		
	Describe:			
Intelligence Estimate	☐ Mental Retardation	☐ Borderline	☐ Average	☐ Above Average
IMPULSE CONTROL		☐ Good	☐ Poor	☐ Absent
INSIGHT		☐ Good	☐ Poor	☐ Absent
JUDGMENT		☐ Good	☐ Poor	☐ Absent

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RISK ASSESSMENT				
Risk to Self	☐ Low	☐ Medium	☐ High	☐ Chronic
Risk to Others	☐ Low	☐ Medium	☐ High	☐ Chronic

Serious current risk of any of the following: (Immediate response needed)

Abuse or Family Violence ☐ Yes ☐ No	**Abuse or Family Violence** ☐ Yes ☐ No
Psychotic or Severely Psychologically Disabled ☐ Yes ☐ No	
Is there a handgun in the home? ☐ Yes ☐ No	**Any other weapons?** ☐ Yes ☐ No
Plan:	
Safety Plan Reviewed ☐ Yes ☐ No	

Diagnoses and Interpretive Summary

Biopsychosocial formulation	
DSM IV-TR Provisional Diagnoses	
Axis I	
Axis II	
Axis III	
Axis IV	
Axis V	

Treatment Acceptance/Resistance
Client accepts problem? ☐ No ☐ Yes Comment:
Client recognizes need for treatment? ☐ No ☐ Yes Comment:
Client minimizes or blames others? ☐ No ☐ Yes Comment:
External motivation is primary? ☐ No ☐ Yes Comment:

Preliminary Treatment Plan & Referrals

Preliminary Biopsychosocial Treatment Plan			
Biological: **Psychological:** **Social/Environmental:**			
Referrals			
☐ Psychiatrist	☐ Psychologist	☐ Medical Provider	☐ Spiritual Counselor
☐ Benefits Coordinator	☐ Nutritionist	☐ Rehabilitation	☐ Vocational Counselor
☐ Social Worker	☐ Community Agency:	☐ Other:	

Physical Fitness (Optional)

Physical Activity (please select one of the following based on activity level for the past month):

- ☐ Avoids walking or exertion, e.g. always uses elevator, drives whenever possible instead of walking.

- ☐ Walks for pleasure, routinely uses stairs, occasionally exercises sufficiently to cause heavy breathing or perspiration.

  Participates regularly in recreation or work requiring **modest physical activity** such as golf, horseback riding, calisthenics, gymnastics, table tennis, bowling, weight lifting, and yard work.
  - ☐ 10-60 minutes per week
  - ☐ More than one hour per week

  Participates regularly in **heavy physical exercise,** such as running, jogging, swimming, cycling, rowing, skipping rope, running in place or engaging in vigorous aerobic activity such as tennis, basketball or handball.
  - ☐ Runs less than a mile a week or engages in other exercise for less than 30 minutes per week
  - ☐ Runs 1-5 miles per week or engages in other exercise for 30-60 minutes per week
  - ☐ Runs 5-10 miles per week or engages in other exercise for 1-3 hours per week
  - ☐ Runs more than 10 miles per week or engages in other exercise for more than 3 hours per week